Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **July 1-15 2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR				Version 7/6
FEDERAL ASSISTANCE		2. DATE SUBMITTED	7/6/06	Applicant Identifier
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED BY	A+	State Application Identifier
Application	Pre-application	3. DATE RECEIVED DI	JIAIL	State Application radiation
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	Y Federal Identifier
Non-Construction	Non-Construction			
A DOLLCANT INCODMATION	i			
Legal Name: Bakenstield Asron	ciatin for Retar	rded Citizens	Organizational L	Jnit;
Bakensticla Polo	[Joil Joy Lov	M	Department:	
Organizational DUNS:	-669-1965		Division:	
	-667-1703		Name and tolen	none number of person to be contacted on matters
Address: Street:	11/ 6/10 -			oplication (give area code)
2240 Sout	4 Union REC	CEIVED	Prefix: Mr.	First Name: Roland
City: Bakers Fiel	d JUL	0 5 2006		Prano
County: Kern			Last Name	Burtert
Over the second	Zip Code STATE?CA	EARING HOUSE	Suffix:	
State: CA	31/115-34			
Country: USA	Y-H-I-DE-SHOP		Email: Pburk	ive area code) Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g	ive area code) Fax Number (give area code)
95-780550	N		661-333-8	8669 661-834-9813
8. TYPE OF APPLICATION:	<u> </u>			LICANT: (See back of form for Application Types)
X Nev	✓ □ Continuation	- Davidson	1 .	
If Revision, enter appropriate let		n Revision		Notfor Profit Organization
(See back of form for description	of letters.)		Other (specify)	
Other (specify)			A NAME OF FEE	DERAL AGENCY: ED A
Cities (Specify)			3. 14A,111L O7 7 LL	BERAL AGENCY: EDA
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:		E TITLE OF APPLICANT'S PROJECT:
		17-300	BARC	Industrial Park
LE (Name of Program): , ,	111 / / / /			
LE (Name of Program): 6 rants Gr Pablic 12. AREAS AFFECTED BY PR	Works and Econ	om, c 1 Je po 10 pm en	11-9169	ing Facility
	, Kern Count	7, 6,		
13. PROPOSED PROJECT Start Date:	Ending Date:	/	a. Applicant Bak	DNAL DISTRICTS OF: 224d Bill Thomas
6/0/	2/	08	Association for	-Retarded Cities Industrial Training Facility
15. ESTIMATED FUNDING:			16. IS APPLICAT	ION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal \$		a. d. d.		PREAPPLICATION/APPLICATION WAS MADE
	1,000,	000	Ja. 163. kg AVAII	ABLE TO THE STATE EXECUTIVE ORDER 12372
b. Applicant \$	1,200,	000	PROC	CESS FOR REVIEW ON
c. State \$		00	DATE	: 7/5/06
d. Local \$		<u>O</u> .	1	•
d. Local		0	b. No. III PROC	GRAM IS NOT COVERED BY E. O. 12372
e. Other \$	625,	000		ROGRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income \$	0 27	08	17 IS THE APPL	REVIEW ICANT DELINQUENT ON ANY FEDERAL DEBT?
		0 .	III. IS THE AFFE	CANT DELINGUENT ON ANT FEDERAL DEBTY
g. TOTAL \$	2,825	000 .""	Yes If "Yes" at	tach an explanation.
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.	ALL DATA IN THIS APP	LICATION/PREAP	PLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE	GOVERNING BODY OF T	THE APPLICANT A	ND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF 1 a. Authorized Representative	I HE ASSISTANCE IS A	WARDED.		
Prefix Mr.	First Name Jim		Mid	dle Name
Last Alasta			[m	п
13 alaw,	<u>'4</u>		Suf	
b. Title Presideu	. <i>+</i>		c. T	elephone Number (give area code) 667 - 334 - 2272
ignature of Authorized Repre		RA		late Signed
Previous Edition Usable		Belden		7-5-06
FIRMIOUS COMON USABLE				,

FEDERAL ASSISTANCE		2. DATE SUBMITTE	D 6/30/2006	Applicant Ide	ntifier	version //(
1. TYPE OF SUBMISSION:		3. DATE RECEIVED		State Applica	ition Identifier	
Application Construction	Pre-application Construction	4. DATE RECEIVED	BY FEDERAL AGENO	Y Federal Iden	tifier	
X Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational U	nit:		
COMMUNITY A	CTION MARIN, I	NC.	Denartment			
Organizational DUNS:			Division:			
Address:	I DECI	EN/EN			erson to be contacte	d on matters
Street: 29 Mary Street	nevi		involving this ap	plication (give are First Name:	ea code)	NA THE RESIDENCE WHEN A SPRINGER VALUE OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY
Oitur	JUL (5 2006	MS Middle Name		Liz	
San Rafael						
County: Marin	STATE CLE	ARING HOUSE	I act Nama B	urns		
State. CA	7'n Code 94901	er of Constitution and the Constitution and the Constitution of th	Suffix:			
Country:		AND THE RESERVE OF PROPERTY AND A STREET OF THE PROPERTY OF TH	Email: Burn	s@marinchil	d.org	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (gir		Fax Number (give a	ea code)
	94-6161365	-	(415) 472-	•	(415) 499-1	•
8. TYPE OF APPLICATION:	<u> </u>		, ,		ck of form for Applicat	
FX New f Revision, enter appropriate lette See back of form for description	er(s) in box(es)	n Revision	Other (specity) O	Not for D	mofit Ongani	zation
oee back of form for description	or retters.)				rofit Organi:	
Other (specify)			Administr	ation for C	hildren & You	ıth
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	CANT'S PROJECT:	
HSS-2006-ACF-0FA-FR TITLE (Name of Program):	-0130		Promoting	Responsible	Fatherhood	
12. AREAS AFFECTED BY PRO Marin County, Cal						
13. PROPOSED PROJECT	Te :: 5 :		14. CONGRESSIC		7	
Start Date: 10/1/06	Ending Date: 9/30/	/2011	a. Applicant	6	0	
15. ESTIMATED FUNDING:			16. IS APPLICATI ORDER 12372 PR		REVIEW BY STATE	EXECUTIVE
a. Federal \$	250,000)	a. Yes. X THIS F	PREAPPLICATION ABLE TO THE ST	N/APPLICATION WAS ATE EXECUTIVE OF	MADE DER 12372
o, Applicant	728	•	PROC	ESS FOR REVIEV	V ON	
State S,	- VED	.00	DATE:	June 30,	2006	
i. Local JUL \$	F 2000	. 00	b. No. III PROG	RAM IS NOT COV	ERED BY E. O. 1237	'2
Other \$	5 2006	. 00		OGRAM HAS NO	T BEEN SELECTED	BY STATE
Program IncomeSTATE CLEA	RING HOUSE	.00		EVIEW CANT DELINQUE	NT ON ANY FEDERA	AL DEBT?
g. TOTAL \$	294,728	.00	☐ Yes If "Yes" atta	ach an explanatior	ı. 🖒 No	
8. TO THE BEST OF MY KNOV OCUMENT HAS BEEN DULY A TTACHED ASSURANCES IF T	UTHORIZED BY THE G	OVERNING BODY O	PPLICATION/PREAPF	LICATION ARE T	RUE AND CORREC	T. THE VITH THE
a. Authorized Representative MS	First Name Gail		Mide	dle Name K		
ast Name Theller			Suff	ix		
Title EXECUTIVE DI	RECTOR		c. Te	elephone Number 415) 485-14	(give area code)	
Signature of Authorized Repres				T - C:	80/2006	
	/ 000	The same of the sa	Į.	•		

APPLICATION FOR FEDERAL ASSISTANCE	Ę		2. DATE SUBMITTED 7/05/06			Applicant Ide	Version Version
1. TYPE OF SUBMISSION: Application	Duran it it		3. DATE RECEIVED B	Υ 8	TATE	State Applica	ation Identifier
Construction	Pre-application Constructi		4. DATE RECEIVED B	ΥF	EDERAL AGENC	1	
Non-Construction	Non-Constr						une.
5. APPLICANT INFORMATION Legal Name:	V		\$ 1 Page 19 Pa				· · · · · · · · · · · · · · · · · · ·
City of Los Angeles				. }	Organizational Un Department;	nit;	
Organizational DUNS:			The state of the s	_	Transportation		
012878018 Address:		The Paris	CEIVED		Division: Transit		
Street:		HI	Parents in		Name and telephoinvolving this app	one number of p	erson to be contacted on matte
221 N. Figueroa St. 4th Floor Los Angeles, CA 90012	1	11.	UL 0 5 2006	1	Prefix:	First Name:	es code)
City: Los Angeles				= \	(213) 580-5414 Middle Name	Charles	
County:		STATI	CLEARING HOUSE	_	Oscar Last Name		
Los Angeles	Zip Code	<u> </u>	CONTRACTOR OF THE CONTRACTOR O		Hammerstein_		
State; CA	90012				Suffix; Mr.		
Country; U.S.A.					Email: chammers@dot.la	city ora	
6. EMPLOYER IDENTIFICATION	N NUMBER (E/	N):	***	•••	Phone Number (giv	e area code)	Fax Number (give area code)
95-6000735					(213) 580-5414		(213) 580-5458
TYPE OF APPLICATION:			1, 11, 21	1	7. TYPE OF APPL	ICANT: (See ba	ck of form for Application Types)
Nevision, enter appropriate let	w Cont	linuatior	Revision	- 1	Municipal		
See back of form for description	of letters,)	7		١.	Other (specify)		•
Other (specify)	l.		ر :	1	9. NAME OF FEDE Federal Transit Ad	RAL AGENCY:	
0. CATALOG OF FEDERAL	DOMESTIC ASS	ISTANC	E NUMBER:				ICANT'S PROJECT:
TITLE (Name of Program): 5309 - Domestic Assistance Nu IZ. AREAS AFFECTED BY PR City of Los Angeles, County of I	OJECT (Cities, C	Counties,				, , ,	Regional Park and Ride Expansion
13. PROPOSED PROJECT				Ŀ	4. CONGRESSIO	NAL DISTRICTS	OF:
Start Date; 9/30/2006	Ending Date: 9/30/2007				a. Applicant		b. Project 28
5. ESTIMATED FUNDING:			-			N SUBJECT TO	REVIEW BY STATE EXECUTIV
: Federal \$				C	RDER 12372 PRO	CESS?	VAPPLICATION WAS MADE
o. Applicant \$		_	291,262	- 6	AVAIL	ABLE TO THE ST	ATE EXECUTIVE ORDER 12372
			1,150,000		PROCI	ESS FOR REVIE	W ON
s. State \$			0		DATE:	6/30/06	
Local \$	•	,	1,150,000	٦ ا	No. T PROGE	RAM IS NOT COV	/ERED BY E. O. 12372
. Other \$			00	٦	" OR PR	OGRAM HAS NO	OT BEEN SELECTED BY STATE
Program Income \$			0 .	 	FOR R	EVIEW	NT ON ANY FEDERAL DEBT?
, TOTAL \$	•••••		00	4.			
8. TO THE BEST OF MY KNO	WLEDGE AND E	BELIEF,	1,441,262 ALL DATA IN THIS APP	91 1	Yes if "Yes" atta	LICATION ADD	FOUR AND CORDERS THE
TTACHED ASSURANCES IF 1	AUTHORIZED B	YIRE	OVERNING BODY OF	TH	E APPLICANT AN	D THE APPLICA	INT WILL COMPLY WITH THE
Authorized Representative							
refix r.	First Name Charles				Midd Osc	le Name ar	NO.
ast Name lammerstein					Suffi; Non-	`	P. B.
Title ransportation Planning Associa	ire II		• (1)		c. Te	lephone Number	(give area code)
Signature of Anthorized Repre-	sentative		7()-		(213 e. Da) 580-5414 its Signed	
evious Edition Usable	The same of the sa	·			7/05	/06	Na.
uthorized for Local Reproduction	า						Standard Form 424 (Rev.9-200 Prescribed by OMB Circular 4.1

REVISED

MB Approval No. 0348-0043

APPLICATION FOR FED	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
	application		10 1 171 com			
Construction	_ Construction	4. Date Rec'd by Federal	Federal Identifier			
X Nonconstruction	MRECEIVED		LS 96934701			
5. Applicant Information:	JUL 0 5 2006	Organizational Unit: Division of Water Quality	•			
Legal Name and Address:		Name and telephone of person to be cor	ntacted on matters			
(give city, county, state, and zip	PODGO	involving this application (give area coo	de):			
State Water Resor	COUNTY COUNTY	James Giannopoulos				
	formia 95814	(916) 341-5680				
Sacramento, Cali		<u> </u>	a lattur) A			
6. Employer Identification Nur	mber (EIN): 680281986	7. Type of Applicant: (enter appropriat A. State H. Indepen	te letter)A ndent School District			
6. DUNS Number: 80832	1913		stitute of Higher Learning			
8. Type of Application:		C. Municipal J. Private U				
New X Revision	Continuation	D. Township K. Indian	Tribe			
If Revision, enter appropriate le		E. Interstate L. Individu	ual			
A. Increase Award	B. Decrease Award	F. Intermunicipal M. Profit C	Organization			
	D. Decrease Duration	G. Special District N. Other (s	specify)			
Other (specify)						
·		9. Name of Federal Agency:				
10. Catalog of Federal Domest	tic Assistance Number	U. S. Environmental Prot	section Agency			
66,805 Tecking Undergr	round Storage Tank Trust Fund	11. Descriptive Title of Applicant's Pro	oject:			
Title: Leaking Undergr	Serie Prompo Amin Crime Cultura	•	,			
,		Continue to develop and implement eff	fective regulatory programs for			
12. Area Affected by Project:		the prevention, detection, and correction	on of releases from leaking UST			
(cities, counties, states, etc.)		systems containing petroleum or hazard	dous substances regulated			
California		under the Resource Conservation and I	Recovery Act (RCRA)			
13. Proposed Project:		Subtitle I.				
Start Date	End Date	14. Congressional District of:				
07/01/05	06/30/08	Applicant: Project: 3 Culifornia	- All			
15. ESTIMATED FUNDING		16. Is the application subject to review	v by the State			
- 1	,	Executive Order (EO) 12372 process?				
a. Federal	\$3,333,197	a. YES: X_ This application/	preappheation was made			
b. Applicant	\$0	available to the State EO	120/2 process for			
c. State	\$370,325	rèview on:	, 5. 2006			
d. Local	\$0	Date: July				
c. Other	\$0		overed by EO # 12372			
f. Program Income	\$0	Program has not state for review.	been selected by the			
g. TOTAL	\$3,703,522	17. Is the applicant delinquent on any	Federal debt?			
		YES, attach explanation	, X NO			
TRUE AND CORRECT, THE	EDOCUMENT HAS BEEN DULY	DATA IN THIS APPLICATION/PREAP AUTHORIZED BY THE GOVERNING I THE ATTACHED ASSURANCES IF TH	E ASSISTANCE			
a. Typed Name of Authorized	Representative	b. Title:	c. Telephone Number			
Celeste Cantú	•	Executive Director	(916) 341-5615			
d. Signature of Authorized Re	epresentative		e. Date Signed:			

APPLICATION FOR		C- 2 1-4 1/2-2-2-2		10 5 11	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTE April 12, 2006		Applicant Ider R-9 Tracking	No. 04-308 & 06-117
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	BYSTATE	State Applicat	lon Identifier
☑ Construction	Construction	4. DATE RECEIVED	BÝ FEDERAL AGENC	Y Federal Identi	fier
Non-Construction	Non-Construction	<u> </u>			
6. APPLICANT INFORMATION Legal Name:			Organizational Ur	nit;	
CIT	TY OF HESPERIA		Department:	EVELOPMENT SI	RVICES
Organizational DUNS:		The second of th	Division:		-//
19-697 Address:	TAGE RECE	HVFD		NGINEERING	rson to be contacted on matters
Street: 15766 MAIN STREET	r	N. P. Commission	involving this app	ilcation (give are	a code)
137 GO WAIN GINEE	JUL 0	5 2006 Prefix: MR.		First Name:	DAVID
City: HESPERIA			Middle Name R.		
County: SAN BERNARDINO	STATE CLEAR	RING HOUSE	Last Name BU	RKETT	
State: CALIFORNIA	Zip Code 92345	Control of the Contro	Suffix: N/A		
Country: UNITED STATES	OF AMERICA		Email:	TT@CITYOFHES	PERIA.US
6. EMPLOYER IDENTIFICATIO			Phone Number (giv		Fax Number (give area code)
33-0298660	`		(760) 947-1202		(760) 244-2515
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	n Revision	Other (specify)	. MUNICIPAL	
Otner (specify)	u		9. NAME OF FEDE ENVIRONM	RAL AGENCY: ENTAL PROTECT	TION AGENCY (EPA)
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program): APPROPPRIATIONS ACT OF 2 12. AREAS AFFECTED BY PRICITY OF HESPERIA	2003 / CONS. APPROP OJECT (Cities, Counties	666-606 RIATIONS ACT OF 20 s, States, etc.):	SMOKETDEE ST		JECT - SPRUCE STREET AND
13, PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date: JULY 2006	Ending Date:	MBER 2007	a. Applicant 4	1	b. Project 41
15. ESTIMATED FUNDING:	HOVE	LIVIDEIX 2007	16. IS APPLICATION	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$		Û Û	a. Yes, Z THIS F	DCESS7 PREAPPLICATION	VAPPLICATION WAS MADE
b. Applicant \$	•	327,300 w	a. res, bei Avail		ATE EXECUTIVE ORDER 12372
c. State \$		352,700	DATE:	11 / 6	
		• ou		, ,	
d. Local \$		•	D. NO. U.3		ERED BY E. O. 12372
e. Other		- 00	☐ FOR R	EVIEW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$. , \	680,000	☐ Yes If "Yes" and	•	_
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY	APPLICATION/PREAPF DF THE APPLICANT AN	LICATION ARE T ID THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name		Midd	ile Name	
MR. Last Name	MICHAEL		Suff	P.	
PODEGRACZ				N/A	
D. Title CITY MANAGER			c. To	elephone Number (760) 947-10	(give area cods) 18
d. Signature of Authorized Repre	Sentative		e. D	nto Cianad	-12-06
Previous Edition Usable	7			1	Standard Form 424 (Rev.9-2003)

APPLICATION FOR FEDERAL ASSISTANCE	DE	2. DATE SUBMITTE June 28, 2006	D .	Applicant ide	version 7/0
1. TYPE OF SUBMISSION:	D	3. DATE RECEIVED	BY STATE	State Applica	atlon Identifier
Application	Pre-application	A DATE PECEIVED	BY FEDERAL AGENC	RTIP LAOD	270
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Ideni	lifler
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	l		CA-03-570	
Legal Name:			Organizational Ur	ılt:	
L. A. County Department of	f Public Works		Department:		
Organizational DUNS: 136735755			Department of P Division: Programs Devel		
Address: Street:			Name and telepho	ne number of pe	erson to be contacted on matters
900 S. Fremant Avenue		•	Involving this app Prefix:	lication (give are	a code)
City Athambra			Mr. Midgle Name	First Name: Renato	RECEIVED
County; USA			Last Name		A Banca San Recent W Street San
State	Zip Code		Reyes		JUL 0 6 2006
State: CA	91803		Suffix:		0_1000
Country:			Email: Renreyes@ladp	N OF O	STATE CLEARING HOU
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
95-6000925			(626) 458-3932		(626) 979-5359
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
Revision, enter appropriate let	ariel in how/onl	. □ Revision	B, County	·	
(See back of form for description	of letters.)		Other (specify)		
Other (specify)			9, NAME OF FEDER Federal Transit A	AL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLIC	ANT'S PROJECT:
		20-500	Purchase of 2 bu	ises for the South	Whittier Area Shuttle Service
TITLE (Name of Program):			E2004-BUSP-06		
12. AREAS AFFECTED BY PRO	DJECT (Cilies, Countles,	Stales, etc.):	-		1
Unincorporated South White	tier - Los Angeles County			•	
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS OF	
Start Date; June 30, 2005	Ending Date:		l a. Applicant		Project
15. ESTIMATED FUNDING:	September 30, 2006		Districts 20, 22, &	39	District 20
a. Federal S			ORDER 12372 PROC	SUBJECT TO RI	EVIEW BY STATE EXECUTIVE
	388,350		THIS PRE	APPLICATION/A	PPLICATION WAS MADE
. Applicant \$	144,394	, bu	AVAILAB	LE TO THE STAT S FOR REVIEW (F FYFCI (TIVE ODDED 40272
State §			DATE:		
I. Local		· w			
Other \$		00			RED BY E. O. 12372
Program Income \$		•	FOR REV	ı⊨w	BEEN SELECTED BY STATE
. TOTAL S			17. IS THE APPLICAN	IT DELINQUENT	ON ANY FEDERAL DEBT?
"	532,744	,00	Yes if "Yes" attach	an explanation.	. IX No
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A ITACHED ASSURANCES IF TH	/LEDGE AND BELIEF, AI UTHORIZED BY THE GO IE ASSISTANCE IS AWA	L DATA IN THIS APP VERNING BODY OF 1 RDED.	110101010555		
Authorized Representative	First Name		Middle		
Ms	Sharl		Middle	vame	
Afshari	,		Suffix		
Title Assistant Deputy Director			c. Telep (626)	hone Number (pivi 458-3900	e area code)
Signature of Authorized Represe	entitive wand		e. Date		106
evious Edition Usable	1				3106 Standard Form 424 (Rav. 9-2003)
(thorized for Local Reproduction				. Dr	standard Form 424 (Rev.9-2003



PART I - FACE SHEET

APPLICATION FOR F	EDERA	L ASSISTA	NCE	1, TYPE OF SUBMIS	SION:		
29. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/28/06	3. DATE REC	3. DATE RECEIVED BY STATE:			STATE APPLICATION IDENTIFIER:		
2b. APPLICATION ID:	4. DATE REC	CEIVED:		CHANT MINOFO	- / -1/s	¥ ** ₀	
06SC064736	04/28/06			GRANT NUMBER:			
5. APPLICATION INFORMATION			7.			****	
LEGAL NAME: Mills-Peninsula Senior Focus		*>=	NAME AND COL	NTACT INFORMATION	EOR BROJECT DIRE	CTOR OR OTHER	
DUNS NUMBER: 947718003 ADDRESS (give street address, city, state a 1720 El Camino Real, Suite 10 Burlingare CA 94010 - 3225	nd zip code):	***************************************	PERSON TO BE area codes): NAME: Donna C	E CONTACTED ON MAT Caupi JMBER: (650)696-7662	TERS INVOLVING TH	HIS APPLICATION (gwe	
			l	AIL ADDRESS: compid@	muttarhustik om		
6. EMPLOYER IDENTIFICATION NUMBER	~				żmrewer(Wolk	Excellent street of the street	
942663918	(Enty.		7. TYPE OF APP	PLICANT:	RE(Penn Vine D	
8. TYPE OF APPLICATION: X NEW CONT	NUATION	- AP		живой Олдангаснов	JUL	0 6 2006	
REVISION If Revision, enter appropriate letter(a) in box(es):				STATE CL	EARING HOUSE		
A. Increase Award B. Decrease Awa	nd C. Incre	ase Duration			CONTRACTOR OF THE PROPERTY OF	THE CHARGE THE THE PROPERTY OF	
O. Decrease Duration							
			9 NAME OF CE	DERAL AGENCY:	4		
	111	'#Y	l <u>-</u>	tion for Nation	al and Comm	unity Service	
10a. CATALOG OF FEDERAL DOMESTIC A: 10b. TITLE: Senior Companion Program			11. DESCRIPTIV San Mateo Co	E TITLE OF APPLICAN OUNTY SCP	TS PROJECT:		
12. AREAS AFFECTED BY PROJECT (List of San Mateo County	Otlos, Counties, S	itates, otc);					
13. PROPOSED PROJECT: START DATE: 0	7/01/06 EN	ID DATE: 06/30/09	14. PERFORMAN	NCE PERIOD: START I	PATE: E	ND DATE:	
16. ESTIMATED FUNDING:		**\\\\	Widi	ON SUBJECT TO REV			
a. FEDERAL	\$ 0.	00	ORDER 12372 P				
b. APPLICANT	5 63,704.	00	TO TH	E STATE EXECUTIVE (RDER 12372 PROCE	ESS FOR	
c. STATE	\$ 0.0	00	i i	W ON: 06-JUL-06			
d. LOCAL	\$ 0.0	00					
e. OTHER	\$ 63,704.	00					
1. PROGRAM INCOME	\$ 0.1	00	17. IS THE APPL	JCANT DELINQUENT	N ANY FEDERAL D	FRT7	
g. TOTAL	\$ 63,704.	00		ES if "Yes," attach an		-	
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING IS AWARDED.	D BELIEF, ALL, DA BODY OF THE A	ATA IN THIS APPLICA PPLICANT AND THE	TION/PREAPPLICATAPPLICATAPPLICATAPPLICANT WILL, C	TION ARE TRUE AND OMPLY WITH THE ATT	CORRECT, THE DOC ACHED ASSURANCE	CUMENT HAS BEEN ES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRES	SENTATIVE:	b. TITLE:	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	c, TELEPHONE NUI		
Maureen Dunn	• 1 1	Executive Directo	OT		(650) 696-3643	WILLIN.	
					d. DATE: 04/28/06		
-,.,.		- 17_	·····	·./	1 y H + 2 y 2		

PART I - FACE SHEET

APPLICATION FOR	FEDERAL ASSIS	STANCE	1. TYPE OF SUBMISSION: Non-Construction	
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/24/06	3. DATE RECEIVED BY ST	ATE:	STATE APPLICATION IDENTIFIER:	
2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:	ı
06SF064735	04/2#/06			
5. APPLICATION INFORMATION	rest ve a free and a second and	***************************************		-
LEGAL NAME: Mills-Peninsuln Senior Focus DUNS NUMBER: 947718003 ADDRESS (give street address, city, state 1720 51 Cumino Real, Suite 10 Burlingare CA 94010 - 3225 6. EMPLOYER IDENTIFICATION NUMBER 942663918 8. TYPE OF APPLICATION: X NEW CON REVISION If Revision, enter appropriate letter(s) in both A Increase Award B. Decrease Avance	and dip code): R (EIM): TINUATION (es):	PERSON TO E aroa codes): NAME: Donna TELEPHONE: FAX NUMBER INTERNET E-I 7. TY PE OF AI 7a. Non-Profit	NUMBER: (650) 696-7662 (550) 696-3633 MAIL ADDRESS: compid@sutterhealth.org PPLICANT:	
10a. CATALOG OF FEDERAL DOMESTIC 10b. TITLE: Foster Grandparent Program 12. AREAS AFFECTED BY PROJECT (Lis San Mateo County, California		Corpor	FEDERAL AGENCY: Fation for National and Community Service TIVE TITLE OF APPLICANTS PROJECT: County FGP	•
13. PROPOSED PROJECT: START DATE:	07/01/06 END DATE: 06/3	30/09 14 PERFORM	MANCE PERIOD: START DATE: END DATE:	
15. ESTIMATED FUNDING:	,		7-1 ///	,
9. FEDERAL b. APPLICANT	\$ 57,579.00 \$ 59,670.00	ORDER 12372	ATION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? S PREAPPLICATION/APPLICATION WAS MADE AVAILABLE THE STATE EXECUTIVE ORDER 12372 PROCESS FOR	
c. STATE			VIEW ON:	
d. LOCAL	0.00		TE: 06-TUJ-06	
e. OTHER	\$ 59,670.00			
f. PROGRAM INCOME	\$ 0,00	17. IS THE AP	PLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 117,249.00		YES If Yes, attach an explanation.	
18. TO THE BEST OF MY KNOWLEDGE ADULY AUTHORIZED BY THE GOVERNIN IS AWARDED.	ND BELIEF, ALL DATA IN THIS	APPLICATION/PREAPPLIC ND THE APPLICANT WILL	CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANC	E
a. TYPED NAME OF AUTHORIZED REPR	ESENTATIVE: b. TITLE:		c. TELEPHONE NUMBER:	
Maureen Dunn	Executiv	ve Director	(650) 696-3643	
		James	RECEIVE DATE	

JUL 0 6 2006

STATE CLEARING HOUSE



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Project ID:	CA-03-0733
Budget Number:	1 - Budget Pending Approval
Project Information:	South SFV Regional Park & Ride Expansion

Part 1: Recipient Information

Project Number:	CA-03-0733
Recipient ID:	1644
Recipient Name:	CITY OF LOS ANGELES
Address:	221 N. Figueroa Street SUITE 400, LOS ANGELES, CA 90012 0000
Telephone:	(213) 580-5414
Facsimile:	(213) 580-5458

Union Information

Recipient ID:	1644
Union Name:	LOS ANGELES POLICE PROTECTIVE LEAGUE
Address 1:	1308 W. 8th Street
Address 2:	Suite 400
City:	Los Angeles, CA 90017 0000
Contact Name:	Ted Hunt
Telephone:	(213) 251-4575
Facsimile:	(213) 251-4577
E-mail:	tedhunt@lappl.org
Website:	

Recipient ID:	1644
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	25 Louisiana Avenue. N.W.
Address 2:	



City:	Washington, DC 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8106
E-mail:	mbutler@teamster.org
Website:	

Recipient ID:	1644
Union Name:	TRANSPORTATION-COMMUNICATIONS INTERNATIONAL UNION
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti
Telephone:	(301) 948-4911
Facsimile:	(301) 330-7662
E-mail:	scardellttir@tcunion.org
Website:	

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Avenue
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Cara McGinty
Telephone:	(216) 228-9400
Facsimile:	(216) 228-0937
E-mail:	c_mcgin@utu.org
Website:	

Recipient ID:	1644
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. NW
Address 2:	
City:	Washington, DC 20016 4139
Contact Name:	Leo E. Wetzel
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824
E-mail:	Email: dispatch@atu.org
Website:	None

Recipient ID:	1644
Union Name:	PROFESSIONAL PEACE OFFICERS' ASSOCIATION
Address 1:	1100 Corporate Center Drive
Address 2:	
City:	Monterey Park, CA 91754
Contact Name:	John Stripes
Telephone:	(323) 261-3010
Facsimile:	(323) 261-1580
E-mail:	jstipes@ppoa.com
Website:	

Recipient ID:	1644
Union Name:	SEIU
Address 1:	1313 L Street, NW
Address 2:	
City:	Washington, DC 02005
Contact Name:	Andrew Stern
Telephone:	(202) 898-3200
Facsimile:	(202) 898-3402
E-mail:	sterna@seiu.org
Website:	

Recipient ID:	1644
Union Name:	ALADS
Address 1:	828 W. Washington Blvd.
Address 2:	
City:	Los Angeles, CA 90015 3310
Contact Name:	Roy Burns
Contact Name: Telephone:	Roy Burns (213) 749-1020
<u> </u>	
Telephone:	(213) 749-1020

Recipient ID:	1644
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 4250
Contact Name:	Roy Arnold
Telephone:	(216) 228-9400

Facsimile:	(216) 228-0937
E-mail:	Bus@utu.org
Website:	

Part 2: Project Information

Grant
CA-03-0733
South SFV Regional Park & Ride Expansion
City
John Ottomanelli, 213.202.3957
Chuck Hammerstein, 213.580.5414
None Specified
Initial Application
20500
5309-3
None Specified
Sep. 30, 2006 - Sep. 30, 2007
YES
None Specified
NO
Jun. 07, 2006
None Specified
Electronic
No

Gross Project Cost:	\$1,441,262
Adjustment Amt:	\$0
Total Eligible Cost:	\$1,441,262
Total FTA Amt:	\$291,262
Total State Amt:	\$0
Total Local Amt:	\$1,150,000
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

	P	Form 424	OMB Approval No. 0348-0043			
Application for	2. Date Submitted		3. Applicant Identifier			
Federal Assistance	0.5.	30-Jun-06				
Type of Submission Application Application Preaplication	3. Date red	ceived State	State Application Identifier			
Application Preaplication x Construction Construction	4. Date received by Federal					
x Non-Construction Non-Construction	Agency:	ceived by rederal	Federal Identifier			
5. Applicant Information	Ingelicy.		L			
6. Legal Name: Peninsula Corrido	or Joint Po	wers Roard				
Address (give city, county, state, and zip)	or conter c	·	of contact person (give area code)			
1250 San Carlos Avenue		Name and telephone of contact person (give area code) Joel Slavit, (650) 508-6476				
San Carlos, San Mateo County, CA 9	4070					
6. Employer Identification Number (EIN): 9 4 3152903		7. Type of Applicant (enter appropriate letter in box)				
8. Type of Application		A. State	H. Independent School Dst.			
		B. County	I. State Controlled Institution			
X new continuation	Revision	C. Municipal	of higher learning.			
If revision, enter appropriate letter(s)		D. Township	J. Private University			
in boxes:		E. Interstate	K. Indian Tribe			
A. Increased Award B. Decreased Award		F. Intermural	L. Profit Insitution			
C. Increase Duration D. Decrease Duration		G. Special District	M. Other: MPO			
Other (specify):						
10. Catalog of federal domestic		9. Name of federal Agency:				
assistance number: 20507		Federal Transit Administration				
Section 5307 Program		11. Descriptive title of applicant project:				
12. Areas affected by project:		1				
San Francisco, San Mateo and Santa Clara Counties		FY06 Capital Improvements and Operating Assistance:				
		San Francisco Bicycle Storage Facility (TEA)				
13. Proposed Project		Palo Alto ADA Crossing				
Start Date: End Date:		Systemwide Track R				
8/25/2004 9/28/2010		Overhaul Locomotive				
		Signal/Communication Rehabilitation				
15. Estimated Funding	T	Other Scope: Operating Assistance (CMAQ)				
a. Federal \$2,305,921	14. Congres	ssional Districts of:				
b. Applicant	a. Applicar	nt	B. Project			
c. State	8, 12, 13, 1	14, 15 & 16	8, 12, 13, 14, 15 & 16			
d. Local JUL 0 7 2006 \$552,393						
f. Program Income	16. Is applied	cation subject to review	by state executive 12372 process? Yes			
e. Other g. TOTAL STATE CLEAR NG HOUS, 858,314	a. Yes this	Yes this preaplication/application was made available to the state executive order 12372 process review on				
	1	cutive order 12372 proce	ess review on			
17. Is the applicant delinquent Date: on any federal debt? b. No		Drogram is not severed by E. \ 12272				
		☐ Program is not covered by E.). 12372				
Yes.(attach an explanation) or [No.		or program has notbeen selected by state for review				
18. To the best of my knowledge and belief, all da	ita in this ar	oplication preaplication	are true and correct			
The document has been duly authorized by the go						
with the attached assurances if assistance is awar						
a. Typed Name of Authorized Representative		b. Title	c. Telephone Number:			
Michael J. Scanlon		Executive Director	(650) 508-6221			
d. Signature of Authorized representative			e. Date Signed			

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 * 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s): Preapplication ✓ New ✓ Application Continuation * Other (Specify) Changed/Corrected Application Revision * 3. Date Received: 4. Applicant Identifier: Completed by Grants.gov upon submission. Oakland Housing Authority 5a. Federal Entity Identifier: • 5b. Federal Award Identifier: State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: Housing Authority of the City of Oakland, California STATE CLEARING HOUSE * b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 94-6000758 038522343 d. Address: * Street1: 1619 Harrison Street Street2: * City: Oakland County: * State: CA: California Province: * Country: USA: UNITED STATES * Zip / Postal Code: 94612 e. Organizational Unit: Department Name: Division Name: Development Not Applicable f. Name and contact Information of person to be contacted on matters involving this application: Prefix: Ms. * First Name: Bridget Middle Name: * Last Name: Galka Suffix: Title: HOPE VI Program Manager Organizational Affiliation: Oakland Housing Authority * Telephone Number: 510-587-2142 Fax Number: 510-587-2145 * Email: bgalka@oakha.org

OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 9. Type of Applicant 1: Select Applicant Type: L: Public/Indian Housing Authority Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): * 10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.866 CFDA Title: Demolition and Revitalization of Severely Distressed Public Housing * 12. Funding Opportunity Number: FR-5053-N-01 * Title: Revitalization of Severely Distressed Public Housing HOPE VI Revitalization Grant Program 13. Competition Identification Number: HOPE6-REV Title: 14. Areas Affected by Project (Cities, Counties, States, etc.): City of Oakland, County of Alameda, State of California * 15. Descriptive Title of Applicant's Project: HOPE VI Revitalization of Tassafaronga Village - an eighty seven unit public housing development in East Oakland, California Attach supporting documents as specified in agency instructions. Add Attachments Delete Attachments View Attachments

Jul 07 06 10:03a OHA_DEVELOPMNT DEPT (510)587-2145 OMB Number: 4040-0004 Expiration Date: 07/31/2006 Application for Federal Assistance SF-424 Version 02 16. Congressional Districts Of: * a. Applicant Ninth * b. Program/Project Ninth Attach an additional list of Program/Project Congressional Districts if needed. Add Attachment 17. Proposed Project: * a. Start Date: 09/15/2006 * b. End Date: | 12/30/2009 18. Estimated Funding (\$): * a. Federal 15,253,665.00 * b. Applicant RECEIVED 3,500,000.00 * c. State 9,427,586.00 JUL 0 7 2006 * d. Local 4,000,000.00 * e. Other 20,450,721,00 STATE CLEARING HOUSE * f. Program Income 0.00 * g. TOTAL 52,631,972.00 • 19. Is Application Subject to Review By State Under Executive Order 12372 Process? ✓ a. This application was made available to the State under the Executive Order 12372 Process for review on 07/07/2006 __ b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) [] Yes V No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statement
homely organized this application, I certify (1) to the statements contained in the list of certification at a set of the statements are statements.
nerein are true, complete and accurate to the best of my knowledge of the tist of certifications and (2) that the statement
herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and (2) that the statement comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or clain may subject me to criminal, civil, or administrative penalties. (U.S. Code. Title 24.6 Controls)
may subject an award. I am aware that any false fictitious or fraudule at a tell
may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1991)
periames, (U.S. Code, Title 218, Section 1001)

✓ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Middle Name: * Last Name:

Prefix:

* First Name: |Jon

Gresley Suffix:

* Title: Executive Director

* Telephone Number: |510-847-1500

Fax Number: 510-874-1674

* Email: jgresley@oakha.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Standard Form 424 (Rev.9-2003)

Prescribed by OMB Circular A-102

Previous Edition Usable

Authorized for Local Reproduction

Application for 2 Date Submitted 3 Applicant Identifier 20-Jun-06 3 Applicant Identifier 3 Application Applicat			E.	orm 424		OMB Approval No. 0348-0043		
Special Assistance Co-Jun-06 State Application Internation Prespication Construction		Г						
Type of Submission Application		1	2. Date Subm		. , фр			
Type of Submission Application Preaplication Preaplicati			2 Data roce		tate Appl	ication Identifier		
Construction Construction A Date received by Federal Federal Identifier Agency:		1	3. Date rece	ived State	torto / ippr			
X Non-Constuction Non-Construction Non-Construction Agency.	(pplication	reaplication	1 Data roce	ived by Federal F	ederal Id	entifier		
5. Applicant Information 5. Legal Name: Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos Avenue San Carlos Avenue San Carlos Mameo County, CA 94070 6. Employer Identification Number (EIN): 3				sived by i caciai	00.010.11			
Signal Name:		Non-Construction 1.	Agency.					
Name and telephone of contact person (give area coute) 1280 San Carlos Avenue San Carlos, San Mateo County, CA 94070		- 1 1 0	Inint Dou	ore Board				
1280 San Carlos Avenue San Carlos, San Mateo County, CA 94070			or Joint Pow	Name and telephone	of contact	person (give area code)		
San Carlos, San Mateo County, CA 94070 6. Employer Identification Number (EIN): 9 4 3152903	Address (give city, county, state	, and zip)	'	Inel Sla	vit. (650)	508-6476		
Second Project San Francisco, San Mateo and Santa Clara Counties End Date: 2/3/2005 End Date: 3/3/2010 Signal/Communication, Installation, Replace Virtage Rail Cars, Systemwide Track Republication, Installation, Installation of Fixed Fueling Facility, North-Source Resource on early feederal (S. 12, 13, 14, 15 & 16	1250 San Carlos Av	enue	4070	0001 0.5	, (,			
Simple	San Carlos, San Ma	iteo County, CA 9	4070					
Simple				7 Type of Applicant (enter app	ropriate letter in box) G		
8. Type of Application A. State Fl. Independent Stroton Park	Employer Identification Numb	er (EIN):	ļ	7. Type of Applicant (sinoi app	,		
S. Type of Application Revision Revision Revision Revision Revision Revision Revision Revision Revision S. Municipal D. Township J. Private University D. Township J. Private University E. Interstate L. Profit Insitution Revision D. Township J. Private University E. Interstate L. Profit Insitution Revision Revision D. Decrease Duration D. Decrease Duration D. Decrease Duration D. Catalog of federal domestic Received by project: San Francisco, San Mateo and Santa Clara Counties Systemwide Track Rehabilitation, Install Crossovers & Control Points, Caltran Safety Improvements Systemwide Track Rehabilitation, Install Crossovers & Control Points, Caltran Safety Improvements Systemwide Track Rehabilitation Replace Vintage Rail Cars, Systemwide Track Rehabilitation Revision Systemwide Track Rehabilitation Revision To Descriptive title of applicant project: Program Central Control Facility improvements, Installation of Flored Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements State				A Ctata	Н	Independent School Dst.		
S. County S. C	8. Type of Application		1		1 1	State Controlled Institution		
Intervision, enter appropriate letter(s) in boxes:	•	 1	1	•				
If revision, enter appropriate letter(s) in boxes: In herstate				•				
in boxes: A. Increased Award B. Decreased Award C. Increased Duration D. Decrease Duration Other (specify): 10. Catalog of federal domestic assistance number: Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 15. Estimated Funding A. Federal 15. Estimated Funding A. Federal 16. State A. Applicant C. State C. State A. Applicant C. State C. State A. Applicant C. State		ter(<u>s)</u>						
A. Increased Award B. Decreased Award C. Increase Duration D. Decrease Duration Other (specify): 10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Caltrain Safety Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Caltrain Safety Improvement Program, Central Control Facility, Increased Project Start Date: FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Caltrain Safety Improvement Program, Central Control Facility, Increased North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements Improvements			1	i i				
C. Increase Duration Other (specify): 10. Catalog of federal domestic assistance number: Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 2/3/2005 15. Estimated Funding a. Federal b. Applicant c. State d. Local f. Program Income e. Other g. TOTAL 17. Is the applicant delinquent on any federal adebt? Yes (attach an explanation) No. 18. To the best of my knowledge and belief, all data in this application proaplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded. 19. Name of federal Agency: Federal Transit Administration 11. Descriptive title of applicant project: FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Viritage Rail Cars, Signal/Communication Rehabilitation, Install Crossovers & Control Points, Cattrein Safety Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements a. Applicant B. Project B. Program Income C. State	A Increased Award B. Decreas	sed Award						
Other (specify): 10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 15. Estimated Funding A. Federal State B. Applicant C. State State C. State Ca	C Increase Duration D. Decre	ease Duration		G. Special District	IV	1. Other: MPO		
10. Catalog of federal domestic assistance number: 20.500 Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 2/3/2005 End Date: 6/30/2010 End Safe) Improvements: Systemwide Track Rehabilitation, Install Consovers & Control Points, Caltran Safety Improvements Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements 15. Estimated Funding a. Federal b. Applicant c. State d. Local f. Program Income e. Other g. TOTAL state (a. Use) Total no any federal Agency: Federal Transit Administration 11. Descriptive title of applicant project: FY 06 Capital Improvements: Systemwide Track Rehabilitation, Install Crossovers & Control Points, Caltran Safety Improvement Program, Central Control Facility Improvements, Diridon Station Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements 15. Estimated Funding a. Federal FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Install Crossovers & Control Points, Caltran Safety Improvement Program, Central Control Facility Improvements, Diridon Station Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements 15. Estimated Funding a. Federal FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Signal/Communication Rehabilitation, Install Crossovers & Control Pacility Improvements as Safety Improvements and Safety Improvement Program, Central Control Facility Improvements as Safety Improvement Program, Central Control Facility Improvements as Safety Improvement Program, Central Control Facility Improvements as Safety Improvement Program, Central Caltran Safety Improvement Program, Central Control Facility Im								
Section 5309 Capital Program	Cirler (speelity):							
assistance number: 20.500 Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: End Date:	10. Catalog of federal domestic			Name of federal Age	ncy:			
Section 5309 Capital Program 12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 14. Descriptive title of applicant project: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Signal/Communication Rehabilitation, Install Crossovers & Control Points, Caltrain Safety Improvement Program, Central Control Facility Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements 15. Estimated Funding 16. Estimated Funding 17. Estimated Funding 18. Applicant 19. Applicant 19. Applicant 19. Program Income 19. Other 19. TOTAL 10. Is the applicant delinquent 10. Is the applicant delinquent 11. Is the applicant delinquent 12. Is the applicant delinquent 13. Is the applicant delinquent 14. Is application subject to review by state executive 12372 process? 15. Estimated Funding 16. Is application subject to review by state executive 12372 process? 17. Is the applicant delinquent 18. Is application subject to review on Date: 19. No. 19. Program is not covered by E.). 12372 10. Or program has notbeen selected by state for review 10. Date: 11. Descriptive title of applicant in Rehabilitation, Replace Vintage Rail Cars, Systemwide Track Rehabilitation, Replace Vintage Rapitation, Subject Vintage Rapitation, Subject Vintage Rapitation, Replace Vintage Rapitation, Subject Vintage Rapitation, Install Corsovers, Sorterior Points, Caltrain Safety Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Rapitation Subject to review by state executive 12372 process? 18. It sapplication subject to review by state executive 12372 process? 19. Program is not covered by E.). 12372 10. To the best of my knowledge and belief, all data in this application preaplication are true and correct. 19.	To Catalog of rederal domestic	20.500						
12. Areas affected by project: San Francisco, San Mateo and Santa Clara Counties 13. Proposed Project Start Date: 2/3/2005 End Date: 6/30/2010 End Date: 6/30/2010 End Date: 6/30/2010 15. Estimated Funding a. Federal b. Applicant c. State d. Local f. Program Income e. Other g. TOTAL 17. Is the applicant delinquent on any federal debt? yes. (attach an explanation) x No. 18. To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded. a. Typed Name of Authorized Representative FY 06 Capital Improvements: Systemwide Track Rehabilitation, Replace Vintage Rail Cars, Signal/Communication Rehabilitation, Install Crossovers & Control Points, Caltrain Safety Improvements, Installation of Fixed Fueling Facility, North/South Terminal Track Upgrades, SSF Station Relocation & Track Improvements 14. Congressional Districts of: a. Applicant a. Applicant b. Applicant b. 16. Is application subject to review by state executive 12372 process? a. Yes this preaplication was made available to the state executive order 12372 process review on Date: b. No Program is not covered by E.). 12372 or program has notbeen selected by state for review Date: b. No Program is not covered by E.). 12372 or program has notbeen selected by state for review Date: b. No Program is not covered by E.). 12372 Or program has notbeen selected by state for review End Date: b. No Program is not covered by E.). 12372 Or program has notbeen selected by state for review Date: b. No Program is not covered by E.). 12372 Or program has notbeen selected by state for review Date: b. No State and Typed Name of Authorized Representative Date: b. No State and Typed Name of Authorized Representative Date: b. No State and Typed Name of Authorized Representative Date: b. No State and Typed Name of Authorized Representative Date: b. Title Executive Director (650)	Section 5309 Canit			11. Descriptive title of a	pplicant pr	roject:		
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